



## **Idaho Limited Liability Company Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 06/30/2019

Nort Form

Return completed form within 30 days to: 
Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

SAGE RIVER DESIGN LLC 9773 W RIFLEMAN ST BOISE, ID 83704  Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:  DEBBY HAYWARD 9773 W RIFLEMAN ST BOISE, ID 83704  Note: The Registered Office address must be a physical Idaho address (no postal box).  (3) New Registered Agent (RA) Signature:	Annua	Report: No filing fee if	The state of the s	Boise, ID 83720 Phone: (208) 334-2300			
SAGE RIVER DESIGN LLC 9773 W RIFLEMAN ST BOISE, ID 83704  Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:  DEBBY HAYWARD 9773 W RIFLEMAN ST BOISE, ID 83704  Note: The Registered Office address must be a physical Idaho address (no postal box).  (3) New Registered Agent (RA) Signature:  If a new agent is supposited in stem (2) above the new agent must sign here to accept the supposited will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachmed Manager/Member  Manager/Member  Manager/Mem  Manager/Mem			<u>-</u>	=	Formation Locale: ID		
DEBBY HAYWARD 9773 W RIFLEMAN ST BOISE, ID 83704  Note: The Registered Office address must be a physical Idaho address (no postal box).  (3) New Registered Agent (RA) Signature:	SAGE RIVER D 9773 W RIFLEI	DESIGN LLC MAN ST		(1) Add or Change I	Mailing Address:		
3) New Registered Agent (RA) Signature:    If a new agent is appointed in item (?) above the new agent must sign here to accept the appoint   4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as last y	DEBBY HAYW 9773 W RIFLEI	ARD MAN ST	d Office (RO) Address:	(2) Change RA and	/or RO Address:		
Mgr Mem	(4) Limited Liabili	tered Agent (RA) Signat	If a new agent is appointed its and addresses of Managers O	n tern (2) above, the new a	ngeni must sign here to acco	or 'same as abo	
Mgr	Manager/Member Name		Business Addr	Business Address		City, State, Zip	
Mgr	Mgr Mem	Debby Haye	ard 9773 us.	Killeman	Sois To	83704	
(5) Signature: (6) Date: >126-57	Mgr Mem						
\"\cdot\"\"\"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(5) Signature:	Silly Horal	)	(6) Date: >/	26-19		
(7) Type/Print Name: (8) Title. (8) Title.	(7) Type/Print Nam	e: Sthu It	- yesterd	(8) Title:	7-KI	<del>,</del>	